

## FAMILY MEDICINE ASSOCIATES

PAUL M BOTHNER, M.D., F.A.A.F.P. - GEORGE E REYNOLDS, M.D., F.A.A.F.P.

BASHIR BASHIRUDDIN, M.D. - LANCE D REYNOLDS, M.D., M.S.P.H.

75 SPRINGFIELD ROAD  
WESTFIELD, MASSACHUSETTS 01085  
PHONE: (413)562-5173

Gary Poole, PA-C  
Ilham Yacteen, MS, RNCS NPC

Adam Coleman, PA-C

Alison Guiliano, PA-C  
Gloria Stewart, BS, RNCS

### FAX TRANSMITTAL SHEET

DATE: 02-10-06

TO: Attention: Isaac Edson Thornton & Naumes LLP

FAX #: 1-617-7202445

FROM: Family Medicine Assoc. FAX# 413 562-1716

NUMBER OF PAGES INCLUDING COVER: 2

COMMENTS:

RE: Mildred Fahy  
SSN 085-05-8514  
DOB: 11/06/1918

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**FAMILY MEDICINE ASSOCIATES**

PAUL M. BOTHNER, M.D., F.A.A.F.P. - GEORGE E. REYNOLDS, M.D., F.A.A.F.P.  
LANCE D. REYNOLDS, M.D. - BASHIR BASHIRUDDIN, M.D.

**PIONEER VALLEY MEDICAL CENTER**

75 SPRINGFIELD ROAD, SUITE 1  
WESTFIELD, MA 01085

PHONE: (413) 562-5173

Gary Poole, PA-C  
Adam Coleman, PA-C

Alison Giuliano, PA-C

Gloria Stewart, BS, RNCS  
Ilham Yacteen, MS, RNCS NPC

February 10, 2006

Michael P. Thornton  
Thorton & Naumes, LLP  
100 Summer Street  
Boston, MA 02110

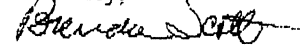
RE: Patient Name: Fahey, Mildred  
Soc. Sec. No.: 080-05-8514  
Date of Birth: 11/06/1918

Dear Attorney Thornton:

We have received your request to send the original PA and lateral chest x-ray films taken of Mildred Fahey on February 23, 1993. Family Medicine Associates no longer provides x-ray services at our facility. All original x-ray films have been sent to the Noble Hospital X-ray Department located at 115 West Silver Street, Westfield, MA. The mailing address for Noble Hospital is P.O. Box 1634, Westfield, MA 01086. Their telephone number is 413-5682811, extention 5055.

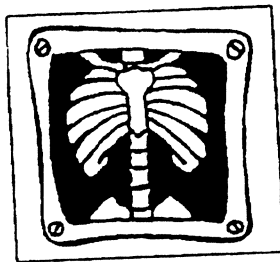
If you have any further question, I can be reached at 413-5627036.

Sincerely,



Brenda Scott  
Family Medicine Business Office

BS/bks



**MASSACHUSETTS GENERAL HOSPITAL  
RADIOLOGY IMAGE SERVICE CENTER**

55 Fruit Street - Blake Subbasement 0029A  
Boston, MA 02114

Telephone: (617) 726-1798

Fax: (617) 724-0264

## FAX COVER SHEET

TO:

Leslie Roach

COMPANY:

Thornton & Naumes LLP

PHONE:

617-720-1333

FAX:

617-720-2445

DATE:

1/11/07

NO. OF PAGES INCLUDING COVER:

13

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COMMENTS:

Please call the Image Service Center if there is a problem with this fax transmission  
Thank you!

~~~~~



TO: Leslie Roach  
Thornton & Naumes LLP

MASSACHUSETTS GENERAL HOSPITAL  
RADIOLOGY IMAGE SERVICE CENTER  
55 Fruit Street - Blake Subbasement 0029A  
Boston, MA 02114  
Telephone: (617) 726-1798  
Fax: (617) 724-0264

RE: Bennett, Marcus  
DOB - 12/25/1925

We regret to inform you that we have been unable to forward the studies you requested on the above patient because of one or more of the following reasons:

\_\_\_\_\_ Lack of sufficient information (i.e. complete name, date of birth, MGH unit number, date of last examination, etc.).

\_\_\_\_\_ Legibility (unable to read handwriting - please print or type).

\_\_\_\_\_ Studies no longer exist. Consult Medical Records Correspondence at 617-724-4555 for the permanent written report.

\_\_\_\_\_ Studies have been loaned to another physician and have not been returned.

\_\_\_\_\_ Require a signed letter of authorization from the patient or the attending physician.

\_\_\_\_\_ Legally, the studies are the property of the hospital. We are the only authorized to loan them to an attending physician, medical facility, or court of law.

☒ The Department of Radiology has no record of this patient having radiological studies at the Massachusetts General Hospital.

Signature

Ellen M. Fry

Date

1/11/07

ISR Init.

AMF



TO: Leslie Roach  
Thornton & Naumes LLP

MASSACHUSETTS GENERAL HOSPITAL  
RADIOLOGY IMAGE SERVICE CENTER  
55 Fruit Street - Blake Subbasement 0029A  
Boston, MA 02114  
Telephone: (617) 726-1798  
Fax: (617) 724-0264

RE: Henry F. Bates  
DOB - 10/23/1914

We regret to inform you that we have been unable to forward the studies you requested on the above patient because of one or more of the following reasons:

\_\_\_\_ Lack of sufficient information (i.e. complete name, date of birth, MGH unit number, date of last examination, etc.).

\_\_\_\_ Legibility (unable to read handwriting - please print or type).

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\_\_\_\_ Require a signed letter of authorization from the patient or the attending physician.

\_\_\_\_ Legally, the studies are the property of the hospital. We are the only authorized to loan them to an attending physician, medical facility, or court of law.

✓ The Department of Radiology has no record of this patient having radiological studies at the Massachusetts General Hospital.

Signature Ellen M. Phyl

Date 1/11/07 ISR Init. AMF



TO: Leslie Roach  
Thornton, Naumes LLP

MASSACHUSETTS GENERAL HOSPITAL  
RADIOLOGY IMAGE SERVICE CENTER  
55 Fruit Street - Blake Subbasement 0029A  
Boston, MA 02114  
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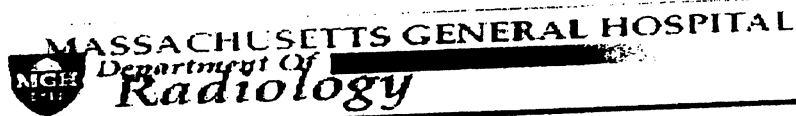
RE: CLARENCE DOUGHERTY  
DOR-101311920

We regret to inform you that we have been unable to forward the studies you requested on the above patient because of one or more of the following reasons:

- ☐ Lack of sufficient information (i.e. complete name, date of birth, MGH unit number, date of last examination, etc.).
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- ☒ The Department of Radiology has no record of this patient having radiological studies at the Massachusetts General Hospital.

Signature Allen M. Fry

Date 1/11/07 ISR Init. AMF



TO: Leslie Roach  
Thornton & Naumes LLP

MASSACHUSETTS GENERAL HOSPITAL  
RADIOLOGY IMAGE SERVICE CENTER  
55 Fruit Street - Blake Subbasement 0029A  
Boston, MA 02114  
Telephone: (617) 726-1798  
Fax: (617) 724-0264

RE: Forbes, William

DOR 4/21/1925

We regret to inform you that we have been unable to forward the studies you requested on the above patient because of one or more of the following reasons:

- ☐ Lack of sufficient information (i.e. complete name, date of birth, MGH unit number, date of last examination, etc.).
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- ☐ Require a signed letter of authorization from the patient or the attending physician.
- ☐ Legally, the studies are the property of the hospital. We are the only authorized to loan them to an attending physician, medical facility, or court of law.
- ☐ The Department of Radiology has no record of this patient having radiological studies at the Massachusetts General Hospital.

Signature Ellen M. Fly

Date 1/11/07 ISR Init. AMF



TO: Leslie Roach  
Thornton & Naumes LLP

MASSACHUSETTS GENERAL HOSPITAL  
RADIOLOGY IMAGE SERVICE CENTER  
55 Fruit Street - Blake Subbasement 0029A  
Boston, MA 02114  
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Fax: (617) 724-0264

RE: Ahern, George  
DOB - 5/17/1923

We regret to inform you that we have been unable to forward the studies you requested on the above patient because of one or more of the following reasons:

\_\_\_\_\_ Lack of sufficient information (i.e. complete name, date of birth, MGH unit number, date of last examination, etc.).

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✓ \_\_\_\_\_ The Department of Radiology has no record of this patient having radiological studies at the Massachusetts General Hospital.

Signature Ellen M. Flynn

Date 1/11/07 ISR Init. ONF





TO: Leslie Roach  
Thornton & Naumes LLP

MASSACHUSETTS GENERAL HOSPITAL  
RADIOLOGY IMAGE SERVICE CENTER  
55 Fruit Street - Blake Subbasement 0029A  
Boston, MA 02114  
Telephone: (617) 726-1798  
Fax: (617) 724-0264

RE: Tobin, John DOB- 5/22/27

We regret to inform you that we have been unable to forward the studies you requested on the above patient because of one or more of the following reasons:

- ☐ Lack of sufficient information (i.e. complete name, date of birth, MGH unit number, date of last examination, etc.).
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- ☒ The Department of Radiology has no record of this patient having radiological studies at the Massachusetts General Hospital.

Signature Ellen M. Fly

Date 1/11/07 ISR Init. AMF



TO: Leslie Roach  
Thornton & Naumes

MASSACHUSETTS GENERAL HOSPITAL  
RADIOLOGY IMAGE SERVICE CENTER  
55 Fruit Street - Blake Subbasement 0029A  
Boston, MA 02114  
Telephone: (617) 726-1798  
Fax: (617) 724-0264

RE: Duprey, James Norman  
DOB - 3/8/1932

We regret to inform you that we have been unable to forward the studies you requested on the above patient because of one or more of the following reasons:

- ☐ Lack of sufficient information (i.e. complete name, date of birth, MGH unit number, date of last examination, etc.).
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- ☒ The Department of Radiology has no record of this patient having radiological studies at the Massachusetts General Hospital.

Signature Ellen M. Ph

Date 1/11/07 ISR Init. AMF



TO: Leslie Roach  
Thornton & Naumes LLP

MASSACHUSETTS GENERAL HOSPITAL  
RADIOLOGY IMAGE SERVICE CENTER  
55 Fruit Street - Blake Subbasement 0029A  
Boston, MA 02114  
Telephone: (617) 726-1798  
Fax: (617) 724-0264

RE: Lewis P. MARIANO  
DOB - 12/31/1930

We regret to inform you that we have been unable to forward the studies you requested on the above patient because of one or more of the following reasons:

- ☐ Lack of sufficient information (i.e. complete name, date of birth, MGH unit number, date of last examination, etc.).
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- ☒ The Department of Radiology has no record of this patient having radiological studies at the Massachusetts General Hospital.

Signature Allen M. Fly

Date 1/11/07 ISR Init. AMF



TO: Leslie Roach  
Thornton & Naumes LLP

MASSACHUSETTS GENERAL HOSPITAL  
RADIOLOGY IMAGE SERVICE CENTER  
55 Fruit Street - Blake Subbasement 0029A  
Boston, MA 02114  
Telephone: (617) 726-1798  
Fax: (617) 724-0264

RE: Columbo, Gerald  
DOB - 11/11/1932

We regret to inform you that we have been unable to forward the studies you requested on the above patient because of one or more of the following reasons:

- ☐ Lack of sufficient information (i.e. complete name, date of birth, MGH unit number, date of last examination, etc.).
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- ☐ The Department of Radiology has no record of this patient having radiological studies at the Massachusetts General Hospital.

Signature

Allen M. Phyl

Date

1/11/07

ISR Init.

AMF



TO: Leslie Roach  
Thornton & Naumes LLP

MASSACHUSETTS GENERAL HOSPITAL  
RADIOLOGY IMAGE SERVICE CENTER  
55 Fruit Street - Blake Subbasement 0029A  
Boston, MA 02114  
Telephone: (617) 726-1798  
Fax: (617) 724-0264

RE: Glennon, Ronald  
DOB-7/1/1930

We regret to inform you that we have been unable to forward the studies you requested on the above patient because of one or more of the following reasons:

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- ☐ Require a signed letter of authorization from the patient or the attending physician.
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- ☒ The Department of Radiology has no record of this patient having radiological studies at the Massachusetts General Hospital.

Signature

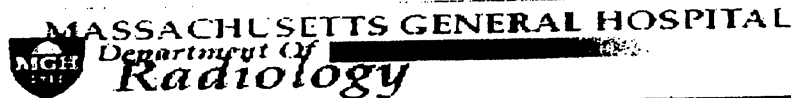
Allen M. Phyl

Date

1/11/07

ISR Init.

DMF



TO: Leslie Roach  
Thornton & Naumes LLP

MASSACHUSETTS GENERAL HOSPITAL  
RADIOLOGY IMAGE SERVICE CENTER  
55 Fruit Street - Blake Subbasement 0029A  
Boston, MA 02114  
Telephone: (617) 726-1798  
Fax: (617) 724-0264

RE: Flynn, George  
DOB - 11/6/1930

We regret to inform you that we have been unable to forward the studies you requested on the above patient because of one or more of the following reasons:

\_\_\_\_\_ Lack of sufficient information (i.e. complete name, date of birth, MGH unit number, date of last examination, etc.).

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✓ \_\_\_\_\_ The Department of Radiology has no record of this patient having radiological studies at the Massachusetts General Hospital.

Signature

Allen M. Flynn

Date

1/11/07

ISR Init.

AMF



TO: Leslie Roach  
Thornton & Naumes LLP

MASSACHUSETTS GENERAL HOSPITAL  
RADIOLOGY IMAGE SERVICE CENTER  
55 Fruit Street - Blake Subbasement 0029A  
Boston, MA 02114  
Telephone: (617) 726-1798  
Fax: (617) 724-0264

RE: Fernand A. Achambault  
DOB - 7/15/1926

We regret to inform you that we have been unable to forward the studies you requested on the above patient because of one or more of the following reasons:

- ☐ Lack of sufficient information (i.e. complete name, date of birth, MGH unit number, date of last examination, etc.).
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- ☐ Legally, the studies are the property of the hospital. We are the only authorized to loan them to an attending physician, medical facility, or court of law.
- ☐ The Department of Radiology has no record of this patient having radiological studies at the Massachusetts General Hospital.

Signature Ellen M. Phy  
Date 1/11/07 ISR Init. AMF

# Lahey CLINIC

## Department of Radiology

41 Mall Road

Burlington, MA 01805

Phone: (781)-744-3208

Fax: (781)-744-5363

### FAX TRANSMITTAL FORM

**CONFIDENTIAL INFORMATION ENCLOSED.  
PLEASE DELIVER IMMEDIATELY TO NAMED RECIPIENT.**

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DATE: 1-11-07

DELIVER FAX TO: Michael P. Thornton

FACILITY FAX#: 781-744-5363

FACILITY PHONE #: 781-744-3208

SENDER'S NAME: Irene

DEPT: Imc-Radiology

TOTAL NUMBER OF PAGES, INCLUDING THIS COVER SHEET: 3

COMMENTS: \_\_\_\_\_

nh/master/fax master

**Respect • Caring • Teamwork • Excellence • Commitment to Personal Best**

41 Mall Road, Burlington, MA 01805



ATTORNEYS AT LAW  
**Thornton & Naumes LLP**

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John T. Barrett (NH & MA)

Robert T. Naumes

Neil T. Leifer (ME, NJ & MA)

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Edwin L. Wallace

Robert M. Byrne, Jr.

David C. Strauss

Joseph R. Donohue (ME & MA)

Patricia M. Flannery

Andrew S. Wainwright

Michael A. Lesser

Marilyn T. McGeldrick

Garrett J. Bradley (MA & NY)

Brad J. Mitchell

Kristen Marquis Fritz

Zoran Malesevic

100 Summer Street • Boston, Massachusetts 02110 • 617-720-1333

Toll Free 800-431-4600 FAX# 617-720-2445

Web site: [www.tenlaw.com](http://www.tenlaw.com)

Of Counsel

Elizabeth M. Shost

Admitted in NY & PA only

January 8, 2007

Radiology Department  
Lahey Clinic  
41 Mall Road  
Burlington, MA 01805

RE: Patient Name: Charles Bancewicz  
Soc. Sec. No.: 022-20-9708  
Date of Birth: 03/02/1928

Dear Sir/Madam:

Please be advised that this firm represents the above-named individual in an action against the manufacturers of asbestos products to which he was exposed while employed. It is our understanding that our client had a chest x-ray taken at your facility.

We are requesting that you send us the **original PA and lateral chest x-ray films** which were taken at your facility. **Please send us your most recent films.** We do not require the oblique angle films. Enclosed please find the appropriate authorization executed by our client.

If there is a charge for this service, we assume you will send a bill with the materials we have requested. Please call and ask to speak with Leslie Roach if you have any questions about this request. Your cooperation in sending this material to my attention, **within ten days**, will be greatly appreciated.

Very truly yours,

*Michael P. Thornton*

Michael P. Thornton

MPT/lr

Lahey Clinic Medical Center  
41 Mall Road  
Burlington, MA 01805

Image Management Center  
TEL (781-744-3208)  
FAX (781-744-5363)

PT Charles Bancewicz LC# 1254222 DATE 1-11-07

Dear Sir/Madam:

With regard to your recent request for Films/CDs of x-rays on the above named patient, please note the item(s) checked below:

**Additional information is needed to identify patient.**

- ☐ Lahey Clinic ID#
- ☐ Date of Birth
- ☐ Other name by which patient may be known
- ☐ Address at time of treatment.

**Written Authorization of patient, parent or legal guardian is required.**

- ☐ We have no written authorization on this patient.
- ☐ Patient is a minor.
- ☐ Require written authorization of executor (ris) or administration (ris) of the estate accompanied by proof of court appointment.
- ☐ Patient Authorization is not current, only valid for 6 months.
- ☐ Patient did not have x-rays on the dates you requested. Are there any other dates we can check for you?
- ☐ After a diligent search, we are returning your request as we have no Radiology record on this patient at Lahey Clinic.

☒ Other

*Films Have Been Destroyed. No Activity Since 1984.*

**Burning of CD/PRINTING HARD COPIES OF IMAGES**

- ☐ We are returning your request as we require a \$ \_\_\_\_\_ pre-payment. Please return your request and pre-payment for processing.

Image Management Center

Exhibit 5

CLOSED-REFERRED

Page 1

| SS#         | Client           | DeathDate  | Diagnosis   | Status       |
|-------------|------------------|------------|-------------|--------------|
| 077-14-3202 | Johnson, William | 05/01/1993 | Lung Cancer | Referred Out |
| 032-18-7588 | Wrye, Robert F.  | 10/06/1999 | Lung Cancer | Closed       |